NATIONAL QUALITY FORUM

Meeting Summary

Behavioral Health and Substance Use Standing Committee
Post-Comment Web Meeting, Spring 2019 Cycle

The National Quality Forum (NQF) convened a public web meeting for the Behavioral Health and Substance Use Standing Committee on September 16, 2019.

Welcome, Introductions, and Review of Web Meeting Objectives

Desmirra Quinnonez, NQF project analyst, welcomed participants to the web meeting and reviewed the following meeting objectives: discuss and revote on measure 1922 *HBIPS-1 Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed*; review and discuss the comments received for this review cycle; and review several recent NQF initiatives related to behavioral health and substance use.

Discuss and Re-vote on Consensus Not Reached (CNR) Measure

Nicolette Mehas, NQF director, provided opening remarks and reviewed the measures that were evaluated during the spring 2019 measure cycle. During this cycle, the Behavioral Health and Substance Use Standing Committee evaluated six measures undergoing maintenance review according to NQF's standard evaluation criteria. Four measures were recommended for endorsement, one measure was not recommended, and one measure was discussed further by the Committee during this call as consensus was not reached on the performance gap criterion during the evaluation meeting.

The Standing Committee recommended the following four measures for continued endorsement:

- 0640 HBIPS-2 Hours of Physical Restraint Use
- 0641 HBIPS-3 Hours of Seclusion Use
- 3488 Follow-Up After Emergency Department (ED) Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
- 3489 Follow-Up After ED Visit for Mental Illness

The Committee did not recommend the following measure:

- 0560 HBIPS-5 Patients Discharged on Multiple Antipsychotic Medications

The Committee did not reach consensus on the following measure:

- 1922 HBIPS-1 Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths Completed

Nicolette Mehas briefly reviewed the specifications for measure 1922, shared the results from the previous vote on performance gap, and opened the floor for discussion. The Committee had previously voiced concerns that the measure may be "topped out," i.e., performance across providers was approaching 100 percent, and thus some members questioned whether there

was still an opportunity for improvement. Based on the developer's submission, mean performance in 2009 was 87 percent and in 2018 was 93.7 percent. There was no evidence of disparities for different population groups. Based on 2018 performance, the 20th percentile was around 92 percent and performance at the 60th percentile was 99 percent. Despite these relatively high numbers, during the discussion at this post comment meeting, the developer pointed out that their distributions showed 145 facilities were below 92 percent and 73 were below 83 percent with regard to performance on their measure.

During the public comment period (prior to the meeting summarized here), three comments were received for measure 1922. Two commenters suggested that this measure was incomplete because it did not assess proper response to a positive screen, and one commenter recommended that the developer consider specification updates that more explicitly link the measure to desired outcomes.

A Committee member asked about which hospitals used paper records versus electronic records, but the developer responded that they do not have a way to determine that.

The Committee expressed strong interest in the measure if it included assessment of proper follow-up to positive screens. As part of this discourse, NQF staff reminded the Committee that they still needed to make a recommendation on the measure "as specified," which means absent any follow-up component to the measure because it presently is not part of the specification. At least one member stated that the measure had likely served its purpose, but that now it was time to retire it in favor of metrics that more directly assess follow-up action and outcomes. Other members noted that despite high performance rates overall, differences in performance rates may persist in facility subsets which mark addressable gaps.

One Committee member asked if there were any existing follow-up measures related to the screenings (SUD, violence, trauma, patient strengths) assessed by this measure. The only response to this question came from staff which said that they were aware of only SUD follow-up measures, but none related to the other screening dimensions composing this measure.

During this post-comment meeting, one Committee member asked if there might be some way to retire the measure for ongoing use, but still retain it in some database or other format such that it may be revived for U.S. or international use given the utility it has thus far served. In response staff noted that the report would reflect the Committee's desire for the unendorsed measure specifications to remain as a public resource, and NQF maintains a freely available Quality Positioning System (QPS) database which retains descriptions of such obsolesced measures searchable among those which are endorsed.

After discussion, the Committee re-voted on performance gap. The voting results were:

- High=1
- Moderate=7
- Low=8
- Insufficient=0

As a 60 percent vote in the high to moderate range is required for the measure to pass, the measure remains "consensus not reached" at 8/16=50 percent, and thus it fails this "must pass"

criterion. The measure will be sent to the Consensus Standards Approval Committee (CSAC) as *not* recommended for ongoing endorsement.

Review and Discussion of Public Comments and General Discussion

The draft report for this measure cycle was posted on the project webpage for public and NQF member comment on July 26, 2019 for 30 days. The commenting period closed on August 23, 2019. Michael Abrams, NQF senior director, presented to the Committee a summary of the most salient comments received during the post-evaluation public and member comment period. NQF received 14 comments from three member organizations.

Measure-Specific Comments

Comments related to measure 1922 have already been described above.

Comments related to the other measures in this report are summarized as follows:

> At least one commenter indicated interest in seeing that measures 3488 and 3499 be reunified into a single measure that combines emergency department (ED) admissions and follow-ups related to SUD and mental health symptomology. In response to this comment, the developer noted differing denominators and the more general interest in separating these two distinct sources of morbidity. NQF staff also responded to this comment by noting NQF's support for such distinctions, but also their willingness to consider a composite measure in the future if that measure is properly recombined and tested.
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> One commenter suggested that the SUD measure (3488) allow the tally of denominator events where an SUD is evident only in a secondary diagnostic position (the measure, as specified, permits inclusion only of primary SUD diagnostic cases). In response to this comment, the developer wrote that their TEP advised the primary position only in the interest of denominator specificity. During this follow-up to comment meeting the Committee continued to express interest in a revised measure that includes in the denominator certain instances where a secondary diagnosis reflects an SUD. Specific examples include cirrhosis of the liver or pancreatitis in the primary position accompanied by secondary diagnoses in the SUD domain as such entries logically suggest SUD as a primary diagnostic concern.
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> Regarding measure 0560 (justification of the use of multiple antipsychotics), a measure which failed to receive a maintenance recommendation from the Committee, one commenter agreed with previous Committee suggestions that the measure needs to be updated with the latest practice guidelines.
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> Finally, one commenter suggested that measures 0640 (restraint use) and 0641 (seclusion use) in inpatient psychiatric settings be risk-adjusted to account for varying case-mix. In response to that comment, the developer noted that it was not their practice to do such adjustment for process measures, but that their data did permit a review of age and facility type strata which might offer some insight about variable "risk" between facilities. Additionally, one Committee member appropriately noted that

it is NQF's long-standing practice to not risk-adjust process measures because such permeance should not be predicated on differences in social or medical risk factors.

NQF Initiatives Related to Behavioral Health and Substance Use

Finally, Dr. Abrams presented to the BHSU Committee brief descriptions and links to the following NQF projects as they are germane to their activities and interests:

- **NQF Releases Practical Guide to Expand Medication-Assisted Treatment for Opioid Use Disorder**
  http://www.qualityforum.org/Medication_Assisted_Treatment_Guide_Launch.aspx
- **Redesigning Care: NQF and AHA Release How-to Guide to Improve Telebehavioral Health**
  http://www.qualityforum.org/NQF_and_AHA_Release_How-to_Guide_to_Improve_Telebehavioral_Health.aspx
- **The NQP Playbook: Improving Access to High-Quality Care for Individuals with Serious Mental Illness**
  http://www.qualityforum.org/National_Quality_Partners.aspx
- **NQF Measure Incubator**
  http://www.qualityforum.org/NQF_Launches_Measure_Incubator.aspx

Public Comment

Desmirra Quinnonez, NQF project analyst, opened the web meeting to allow for public comment. No public comments were received.

Next Steps

Desmirra Quinnonez reviewed the remaining spring 2019 cycle timeline and highlighted the upcoming CSAC in-person meeting, scheduled for October 21 and 22, 2019. The CSAC will review the Committee's measure endorsement recommendations and render a final endorsement decision. Following the CSAC decision, a 30-day appeals period will open on October 30, 2019 and will close on November 28, 2019.